

Writing Effective Therapeutic Goals to Monitor Progress and Make Data-Driven Decisions

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Key Point

A direct treatment protocol is used to document the specific **therapeutic** interventions, strategies, and supports for students whose behavior requires systematic treatment from a **mental health service provider** due to the emotionally-driven nature of the problem. It is a supplement to the BIP.

Key Point

The direct treatment protocol encourages **collaboration** across stakeholders including parents, outside therapists, site administrators, program managers, probation officers, behaviorists, teachers, and others concerned with the emotional and behavioral health of the student.



Emotions 101

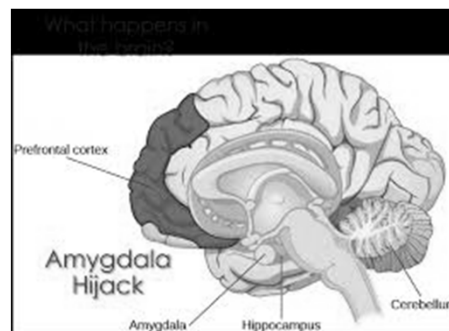
Three key criteria that define an emotion:

- They represent an **internal subjective experience** that combines bodily and cognitive reactions
- They **occur in response to a real or imagined event** and are designed to **provide us information**
- They **motivate or urge** specific types of behavior or actions



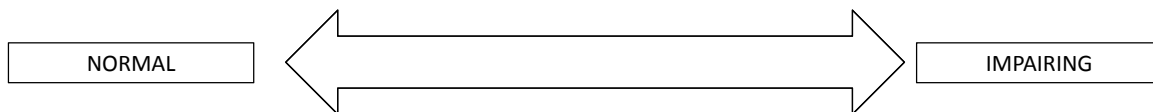
Emotion Dysregulation

- The emotional system overwhelms the cognitive, rationale thinking part of the brain
- A person loses access to other skills, with the main motivation being to avoid, escape or put an end to an unwanted situation



Emotion Dysregulation Impairment

- Internal distress that involves unpleasant or aversive experience, such as fear, anger, sorrow, guilt, sadness, and hate that motivates someone to engage in behaviors to experience relief from and minimizing contact with a specific situation or thought (i.e., experiential avoidance)
- External behavioral manifestations of the emotions that negatively impact self, others or the environment



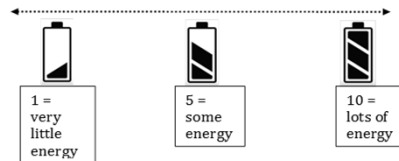
Goal Writing Therapeutic Interventions

- Improvements in subjective indicators of distress and wellbeing
 - Mood meters (aka, subjective units of discomfort)
 - Measure energy levels
 - Measure degree of pleasantness or distress

Enraged	Furious	Frustrated	Shocked	M	Surprised	Upbeat	Motivated	Ecstatic
Livid	Frightened	Nervous	Restless	O	Hyper	Cheerful	Inspired	Elated
Fuming	Apprehensive	Worried	Annoyed	O	Energized	Lively	Optimistic	Thrilled
Repulsed	Troubled	Uneasy	Peeved	D	Pleasant	Joyful	Proud	Blissful
M	O	O	D	M	E	T	E	R
Disgusted	Disappointed	Glum	Ashamed	E	Blessed	At Ease	Content	Fulfilled
Mortified	Alienated	Mopey	Apathetic	T	Humble	Secure	Chill	Grateful
Embarrassed	Excluded	Timid	Drained	E	Calm	Satisfied	Relaxed	Carefree
Alone	Down	Bored	Tired	R	Relieved	Restful	Tranquil	Serene

From the RULER Program -
<http://ei.yale.edu/ruler/ruler-overview/>

Tell us about your Energy level. When I say energy level, what I mean is how charged up you are. Like a battery, sometimes we feel really charged up so we have lots of energy. When we're full of energy we often have a need to move and do things. Other times we feel like our battery charge is low and we move a bit slower, we're tired, and we don't feel like doing much. We can also be somewhere in the middle. Mark an "X" next to the line that best captures your current energy level. On one end, energy is low and the other end is energy is really high.

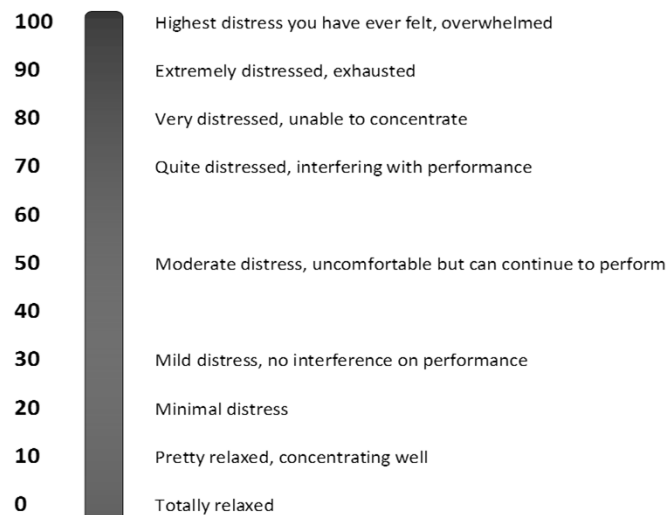


Tell us about how pleasant you feel. When I say pleasant I mean happy and peaceful. When we feel really pleasant we feel really good, smile and are having fun. When we don't feel pleasant we might frown and feel sad, angry, or super bored. We can also feel somewhere in the middle. Mark an "X" next to the line that best captures your current pleasantness level.



Try to get used to rating your distress on a scale of 0 – 100. Imagine you have a "distress thermometer" that is sensitive to your current state of wellbeing and the amount of distress you are experiencing in the moment. Using the following scale, rate how you feel right now. Notice how your level of distress changes over time and in different situations.

SUDS: The Fear Thermometer

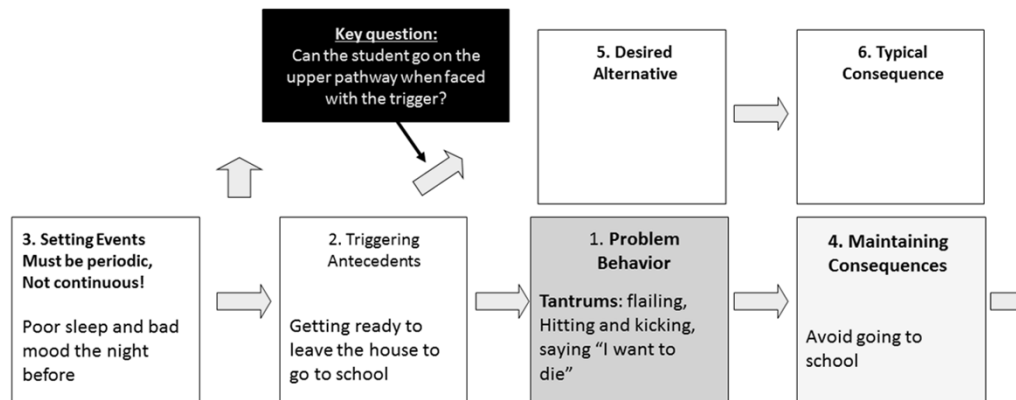


Goal Writing Therapeutic Interventions

- Use of emotional regulation skills and strategies learned as part of the therapeutic intervention
 - Relaxation strategies
 - De-escalation strategies
 - Coping strategies
 - Mindfulness technique, self-talk, distraction tactic, self-soothing
 - Problem-solving skills
 - Define the problem situation, generate solutions to situation, and select and enact the best solution
 - Cognitive restructuring
 - Identifying unhelpful thoughts and spinning / repurposing them to be helpful

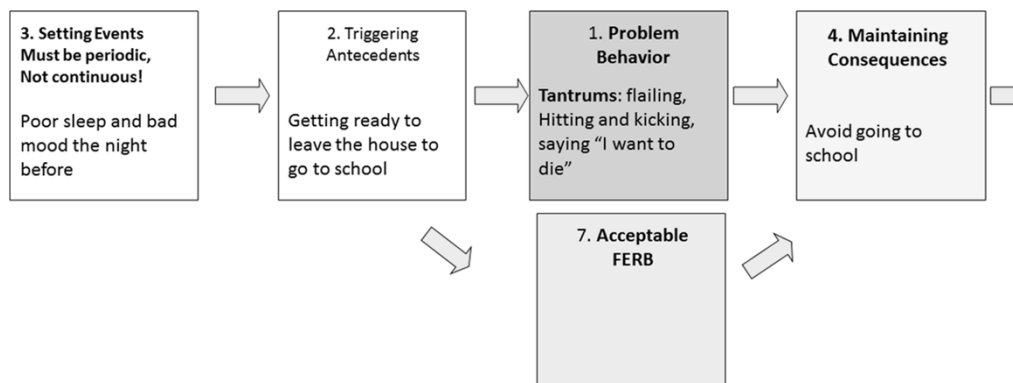
Goal Writing Therapeutic Interventions

- Improvements in desired behavior when confronted with the emotion-provoking trigger (i.e., **ability to go on the upper pathway**)



Goal Writing Therapeutic Interventions

- Use of the socially acceptable functionally-equivalent replacement behavior as a temporary fix to the problem when confronted with the emotion-provoking trigger (i.e., **ability to go on the lower pathway**)



1. By When	2. Who	3. Will Demonstrate or Experience "What"	4. Under What Conditions	5. At What Level of Proficiency	6. As Measured By Whom with what Measurement Method & Materials
By when will criteria be goal attainment be assessed (This is the final date to determine if the goal/objective has been met)	The student	Specify what the student will do that is observable and measurable. The "will do" should be teachable or alterable skills or behaviors. These skills or behaviors should be observable and measurable to allow for adequate progress monitoring.	Under what conditions (What variables are present? Examples: in what location, during what activity, with what staff)	At what level of proficiency, (Examples: number of times, % correct, % of observations, frequency of behaviors) What level of competence are you striving for?	Who will measure mastery? Specify specifically who will observe and record. What materials are necessary? Specify all materials necessary